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REQUEST FOR PATENT FEE REFUND

1 Date of Request: 7/1/01		2 Serial/Patent # 328673		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing				\$ 44
<input type="checkbox"/> Amendment				\$
<input type="checkbox"/> Extension of Time				\$
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<input type="checkbox"/> Assignment				\$
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		7 TOTAL AMOUNT OF REFUND		\$ 44
		8 TO BE REFUNDED BY:		
10 REASON:		<input type="checkbox"/> Treasury Check		
<input checked="" type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Credit Deposit A/c #:		
<input type="checkbox"/> Duplicate Payment		03-0370		
<input type="checkbox"/> No Fee Due (Explanation):				
REFUND REQUESTED BY:				
TYPED/PRINTED NAME: K. K. Lashington		TITLE: Exan		
SIGNATURE: [Signature]		PHONE: 8-1202		
OFFICE: ONAR				
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APPROVED: [Signature]		DATE: 8-1-01		

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